

400 Garden City Plaza, Suite 300
 Garden City, New York 11530
 (516) 742-4343 - Telephone
 (516) 742-4366 - Facsimile
 E-mail: intprop@ssmp.com

**SCULLY, SCOTT, MURPHY
 & PRESSER, P.C.**

Fax

**RECEIVED
 CENTRAL FAX CENTER
 APR 28 2006**

To:	Examiner Philip Robert SMith Art Unit: 3739	From:	Thomas Spinelli, Esq. Registration No.: 39,533
Fax:	571-273-8300	Pages:	18
Phone:	571-272-6087	Date:	April 28, 2006
Re:	USSN: 10/790,263 Our Docket: 17489	CC:	

Urgent **For Review** **Please Comment** **Please Reply** **Please Acknowledge**

The following is being filed with the U.S. Patent and Trademark Office via facsimile on April 28, 2006:

1. Response W/Transmittal in Duplicate
2. Certificate of Facsimile Transmission

Applicants: Hironobu Takizawa, et al.
 Serial No.: 10/790,263
 For: CAPSULE MEDICAL APPARATUS AND CAPSULE MEDICAL APPARATUS
 COLLECTING SYSTEM
 Filed: March 1, 2004
 Docket: 17489
 Dated: April 28, 2006
 TS:cm

CONFIDENTIALITY: The documents accompanying this facsimile transmission may contain information which is either confidential or legally privileged and is intended only for the authorized use of the individual or entity named above without right or publication or republication, dissemination or disclosure except as expressly set forth or established by course of dealing. All rights are reserved. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this facsimile is prohibited. If you received this transmission in error, please notify us immediately by telephone to arrange for return of the documents.

If you have any problems concerning this facsimile, please call (516) 742-4343 and ask for Christine Mogenis.

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Hironobu Takizawa, et al.

Docket No.

17489

Application No.
10/790,263Filing Date
March 1, 2004Examiner
Philip Robert SmithGroup Art Unit
3739

Invention: CAPSULE MEDICAL APPARATUS AND CAPSULE MEDICAL APPARATUS COLLECTING SYSTEM

Confirmation No.: 4220

RECEIVED
CENTRAL FAX CENTER
APR 28 2006I hereby certify that this RESPONSE

(Identify type of correspondence)

is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-8300)on April 28, 2006
(Date)Thomas Spinelli
(Typed or Printed Name of Person Signing Certificate)

(Signature)

Note: Each paper must have its own certificate of mailing.

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Hironobu Takizawa, et al.

Docket No.
17489

Application No. 10/790,263	Filing Date March 1, 2004	Examiner Philip Robert Smith	Customer No. 23389	Group Art Unit 3739	Confirmation No. 4220
-------------------------------	------------------------------	---------------------------------	-----------------------	------------------------	--------------------------

Invention: CAPSULE MEDICAL APPARATUS AND CAPSULE MEDICAL APPARATUS COLLECTING SYSTEM

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	46	52 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3	10 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>				
	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				
	\$0.00				

No additional fee is required for amendment.

Please charge Deposit Account No. in the amount of

A check in the amount of to cover the filing fee is enclosed.

The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP

- Any additional filing fees required under 37 C.F.R. 1.16.
- Any patent application processing fees under 37 CFR 1.17.

Payment by credit card. Form PTO-2038.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Signature

Thomas Spinelli
Registration No.: 39,533

Dated: April 28, 2006

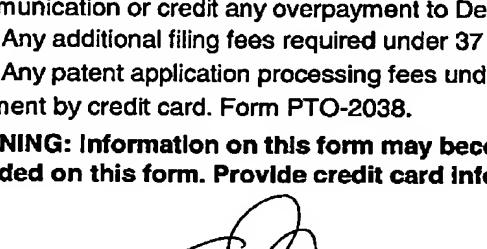
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

(Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC:

AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Hironobu Takizawa, et al.					Docket No. 17489
Application No. 10/790,263	Filing Date March 1, 2004	Examiner Philip Robert Smith	Customer No. 23389	Group Art Unit 3739	Confirmation No. 4220
Invention: CAPSULE MEDICAL APPARATUS AND CAPSULE MEDICAL APPARATUS COLLECTING SYSTEM					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	46	52 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3	10 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. in the amount of</p> <p><input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>					
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>					
 <i>Signature</i> Thomas Spinelli Registration No.: 39,533					
Dated: April 28, 2006					
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date)</p> </div>					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><i>Signature of Person Mailing Correspondence</i></p> </div>					
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;"> <p><i>Typed or Printed Name of Person Mailing Correspondence</i></p> </div>					

RECEIVED
CENTRAL FAX CENTER

APR 28 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Hironobu Takizawa, et al. **Examiner:** Philip Robert Smith
Serial No: 10/790,263 **Art Unit:** 3739
Filed: March 1, 2004 **Docket:** 17489
For: CAPSULE MEDICAL
APPARATUS AND CAPSULE
MEDICAL APPARATUS
COLLECTING SYSTEM
Conf. No.: 4220

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

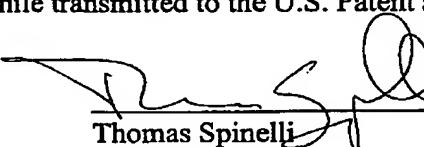
Sir:

In response to the Official Action dated January 30, 2006, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date set for below.

Dated: April 28, 2006


Thomas Spinelli

g\olympus\1494\17489\amend\17489.am2

IN THE TITLE:

Please amend the title as follows:

**CAPSULE MEDICAL APPARATUS HAVING EVACUATION
DETECTING AND NOTIFYING DEVICES AND CAPSULE MEDICAL APPARATUS
COLLECTING SYSTEM.**